

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/08/2015
NAME OF PROVIDER OR SUPPLIER  POOLE'S REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 201 MARY JANE BIGELOW ROAD YANCEYVILLE, NC 27379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  This report is of a followup survey done by Bob Getchell on September 8, 2015.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on observation, the current fire and sanitation reports were not available at the time of the survey.  Followup Findings on 9-14-15 include: The following reports were not available at the time of the followup survey: a) Sanitation report for the building, b) Sanitation report for the kitchen, c) Fire Marshalls Report	{C 111}	Completed 9/13/2015	
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	{C 189}	Completed 9/13/2015	

CONSTRUCTION SECTION  
NOV 18 2015  
RECEIVED

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

98L722

If continuation sheet 1 of 3

*Grace Poole*

*Owner/Operator*

9-30-15

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

POOLE'S REST HOME

201 MARY JANE BIGELOW ROAD  
YANCEYVILLE, NC 27379

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(C 189)	Continued From page 1  (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner.  Followup Findings on 9-8-15 include: a. The heat detector in room 2 is hanging by the wires.  2. Based on observation, the building electrical equipment was not maintained in a safe manner.  Followup Findings on 9-8-15 include: a) Access to the Electrical Panel in the Pantry is blocked, f) The Electrical Panel in the Pantry has an open space revealing live contacts.  3. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire.  Followup Findings on 9-8-15 include: c) Room 4 has a damaged closet door with a loose knob,  4. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner.  Followup Findings on 9-8-15 include: a) The Emergency Light at Room 4 is not working, d) Evacuation plans are improperly displayed on	(C 189)		
			Complete 9/13/2015	
			Complete 9/13/2015	
			Complete 9/13/2015	
			Complete 9/13/2015	